



Bank Authorization Release Form

Customer Information

| | | | |
|--------------------|---------------|------|--|
| Customer Name | Address | | |
| City / State / Zip | Tel# | Fax# | |
| Checking Acct# | Savings Acct# | | |

Please release the information indicated below to Melmarc Products Inc

| | |
|-----------------------|------|
| Authorizing Signature | Date |
|-----------------------|------|

Bank Information

| | | | |
|----------------------|---------------|-----------------|--|
| Bank Name | Address | | |
| City / State / Zip | Tel# | Fax# | |
| Relationship Manager | Other | | |
| Checking Acct# | Savings Acct# | Line of Credit# | |

Bank Account Information

| | | | |
|-------------------------------------------------------------------|-------------|------------------|----------------------------|
| Acct Name Checking | Date Opened | Current Balance | Average Balance |
| Acct Name Savings | Date Opened | Current Balance | Average Balance |
| Acct Name Line of Credit | Date Opened | Current Balance | Available Balance (Unused) |
| NSF ? <input type="checkbox"/> Yes <input type="checkbox"/> No | How Many | Date of Last NSF | Status of Customer |

| |
|----------|
| Comments |
| |

Thank you for your co-operation. Please fax the completed form to Melmarc Credit Dept. (714) 384-6833